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A definition of learning disorders, medical observations, diagnostic terms, the role of medication, and psychological implications and descriptions are provided. The philosophy and variations of educational programs for the neurologically handicapped are described; facets of the special class program considered are the instructional program, diagnostic teaching, the relationship between basic skill instruction and developmental area activities, self concept, behavior management, room organization, parent role, and medical attention. A guide for administrators summarizes relevant state board of education program standards. Appendixes list references, state board standards for services, instruction, and special classes, and provide application forms, a sample letter to a physician, and sample behavioral and academic diagnostic charts. (RP)

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Ohio Programs for

NEUROLOGICALLY HANDICAPPED CHILDREN

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OHIO PROGRAMS FOR NEUROLOGICALLY HANDICAPPED CHILDREN

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FOREWORD

This publication represents an attempt to present a brief overview of Ohio programs for neurologically handicapped children. Since its inception as a demonstration project in 1958, the program has developed into a comprehensive elementary program providing excellent results.

We are proud of this new and rapidly expanding program which addresses itself to the problem of the normal child with a learning disability.

S. J. Bonham, Jr., Director
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INTRODUCTION

In the last two decades we have witnessed many changes in the medical and scientific fields. The infant mortality rate has been reduced to the lowest point in our history. "Miracle drugs" and new medical procedures have saved the lives of thousands of children. This scientific advancement, which has contributed to the survival rate of children, has also created problems for others. Today more multi-handicapped children are in need of an appropriate educational program than ever before. A significant number of these children have presented new learning and/or behavioral difficulties.

For many years we have observed children who appear normal physically and who have normal potential ability for education but who are not able to function in their school program. It is now recognized that many of these children have suffered from minimal neurological damage, and because of this organic involvement, cannot function in a regular classroom situation.

In the school year 1957-58 interest in a formal program was evidenced by the Special Education Department in the Columbus Public Schools. Through a grant of money from the local chapter of the United Cerebral Palsy of Ohio, plans were formulated to initiate an identification program in the closing months of this school year. At the same time plans were made cooperatively by the Columbus Board of Education and the State Division of Special Education to initiate a program for the school year 1958-59. As a result of this experimentation, State Board of Education Standards were adopted in 1962 to provide both a special class program and individual services for children with normal potential and a medical diagnosis of a neurological handicap.

At the present time Ohio is providing special class programs for 600 children in twenty-five school districts. In addition, about 1,000 children are receiving supplemental tutoring under State Board of Education Standards. The specific goals of the program are:

1. Early identification
2. Development of comprehensive special education programs for these children
3. Special instruction and programming

4. Structured activities
5. Return to regular class upon improvement of learning functions.

In addition, it is felt that the total program is a three phased comprehensive elementary educational program which may include one or more of the following approaches:

1. Modification within the regular classroom
2. Organized supplemental tutoring
3. Special education classes

At the present time about three out of four children are being "salvaged" and are returned to the regular classroom in a two or three year period.

Chapter 1

WHAT IS A LEARNING PROBLEM

DESCRIPTION

Every teacher has encountered children who cannot learn. They seem bright, alert, and their intelligence appears to be average; but unfortunately, they experience great difficulty in academic learning. Sometimes their behavior is also inappropriate.

Teachers often report that the child is overly restless, immature, and just won't sit still. Sometimes it is said that, "He could learn if I could just make him pay attention." Occasionally behavior fluctuates between temper tantrums or outbursts of energy and an unusual withdrawal.

Parents ask questions such as:

Should I make him work harder?

Should I punish him more?

Should I give him rewards?

Will he grow out of it?

Are we at fault?

Is the school at fault?

What can we tell our other children, neighbors and relatives?

What about my other children?

How can we live with this problem?

Some professionals say there is nothing wrong with my child. Who can I believe?

Who can help my child?

What can we do?

It is obvious to all concerned that there is something wrong, but what? The child seems healthy enough; he is not physically ill, crippled, nor is he retarded. But one factor is clear; the child is experiencing a learning and/or behavioral problem which interferes with successful school achievement and life adjustment.

The problem seems "invisible" because it is related to the *learning process*. Since all learning is related to the functioning of the central nervous system, the child may be neurologically handicapped. Sometime during the child's development from conception something has affected the function of the brain and nervous system. According to researchers, sometimes it is referred to as brain damage; very often the cause is unknown. In any case, the neurological system and the learning process appear to be functioning significantly different to effect successful adjustment and/or learning. It can be observed that the child has a learning and/or behavioral problem and everyone concerned requires help.

DEFINITION

A description of children with learning disorders is often confusing because the various professions view the child from various positions. Often the terms are strange; sometimes they appear to overlap. The following is a sample of the diagnostic terms and observations that may be found in professional literature.

MEDICAL OBSERVATIONS

Very often we are not talking about children with definite and equivocal findings on the examination. We are talking about the child who has so called [1]soft or equivocal signs. These equivocal signs are defined by Dr. Margaret A. Kennard as "signs which suggest neuropathy but are either so slight as to be uncertain or only occasionally or inconsistently present".[2] A review of some frequently mentioned equivocal signs are listed below.[2]

[1] Ambuel, J. Philip, M.D., "The Pediatrician's View of the Child with Learning Difficulties". A paper delivered April 25, 1967, at Children's Hospital, Columbus, Ohio.

[2] Kennard, Margaret A., M.D.: "Value of Equivocal Signs in Neurologic Diagnosis", Journal Neurology, Pages 753-764, 1960.

Equivocal Signs on Neurologic Exam

1. Visual Defect
2. Tremor of Fingers
3. Left-Handedness or Mixed Dominance
4. Left-Right Confusion
5. Auditory Impairment
6. Intention Tremor
7. Reflex Asymmetry
8. Athetoid Movements
9. Speech Defect
10. Hyperactivity
11. Dysdiadochokinesis
12. Graphesthesia
13. Babinsky
14. Nystagmus
15. Tic
16. Whirling
17. Puppillary Inequality

Soft Neurologic Signs

1. Awkwardness—mild coordination problems
2. Mixed laterality
3. Confused laterality
4. Eye muscle imbalance, nystagmus, or sometimes strabismus
5. Speech defects, immature speech, and/or language problems
6. Short attention span
7. Hyperkinesis

Such findings have been described as "soft neurological signs", many of which are described by Drs. Clements and Peters.[1]

These soft neurological signs are the so called positive neurologic findings which have been associated with the diagnosis of minimal brain damage, neurologically handicapped, and learning disabilities. Some of the concomitant findings associated with minimal neurologic impairment are:

1. Specific learning deficit (as opposed to generalized learning problems found in the dull, slow learning, and retarded child)
2. Perceptual difficulties—motor, visual, auditory
3. General coordination deficit
4. Hyperactivity
5. Impulsivity
6. Emotional lability
7. Short attention span or distractibility
8. Equivocal neurological signs
9. Fatigue—more easily induced than normals
10. Borderline abnormal EEG—often described as minimal, diffuse, or nondescript

DIAGNOSTIC TERMS

The following diagnostic terms have frequently been used to describe chidren with learning and/or behavioral disorders related to a neurological handicap.

1. Minimal Neurological Handicap or Impairment
2. Cerebral Dysrythmia
3. Seizure Prone (none observed or reported)
4. Hyperkinetic
5. Chronic Brain Syndrome
6. Learning, Motor, or Perceptual Disorders Related to any of the Items Listed

[1] Clements, Sam D. and Peters, John E.: "Minimal Brain Disfunction in the Schoolage Child", Archives of General Phychiatry, Vol. 6, Pages 185-197, (March) 1962.

7. Dyslexia (by definition)
8. Brain Damage
9. Epilepsy (particularly petit mal varieties)

ROLE OF MEDICATION

A double blind drug study was undertaken during the original Columbus Demonstration Project. Based upon the findings of this study completed by Dr. J. A. Whieldon, M.D., Neuro-Psychiatrist, Columbus, Ohio it was obvious that all the drugs except dexedrine had little or no effect on the child's classroom behavior. Other drugs included in the study were dilantin, meprobamate (alone and in conjunction with dilantin), mellaril, benedryl, stelazine, and a Placebo. Using a system of scoring the data collected from parent's and teacher's observations dexedrine gave an improvement in the attention span in 38% of the cases, a reduction in distractibility in 33% of the cases, an increased capacity to organization in 36% of the cases, an increased capacity to use the written language in 38% of the cases, and an increase in the ability to do arithmetic in 30% of the cases. Similar benefits have been observed since the Demonstration Project Study. P. J. Doyle, M.D. provides a comprehensive discussion of medication in the hyperkinetic syndrome in an article published from the Journal of School Health, Volume XXXII, No. 8, October, 1962.

PSYCHOLOGICAL IMPLICATIONS AND DESCRIPTION

It is necessary to recognize certain basic principles of growth and development in the evaluation of the minimal neurologically handicapped. Gesell and others have pointed out that growth is cyclic rather than constant; periods of rapid development are followed by "resting periods" when the child stays on a plateau before the next upsurge in growth. It is recognized that both physical and mental growth can be measured. In both areas, children fall somewhere on a continuum, from slow to average to advanced development, in relation to their chronological age. Where the child falls on this continuum will have definite implications for what can be done for him in an academic school program. Learning generally takes place through three major channels, vision (eyes), hearing (ears), and tactile (fingers). In discussing learn-

ing disorders we are primarily concerned with the perceptual attributes of these learning channels and in their acuity or physical characteristics of them. With respect to vision, acuity refers to the accurateness of what we physically see. Perception refers to the sense that we make out of what has been seen. It appears evident that when any or all of these avenues are impaired, learning becomes a more complex problem to a child so affected. This is true of the minimal neurologically handicapped child. A review of the literature relative to minimal neurologically handicapped children indicates that other factors may exist to complicate their problems. It is not surprising that many children who have learning problems are referred for individual psychological appraisal.

A. Behavioral Observations

There have been many attempts to categorize the behavior syndrome exhibited by neurologically handicapped children. The following characteristics continue to be observed in many of the children enrolled in the Ohio program:

1. Awkwardness—walking, hopping, skipping, jumping, exercising, handling of objects, buttoning, fine and gross motor control, mild incoordination rhythm problems, lack of synchrony in movement.
2. Mixed or Confused Laterality—confusion or hesitation in left, right, and general direction disorientation.
3. Visual Tracking and Target Difficulties.
4. Language Confusion—immature, slow or inadequate speech development and in severe cases language disorders.
5. Distractibility—short cyclic attention span.
6. Hyperactivity—sometimes this takes the form of unusual restlessness, particularly in stress situations.
7. Emotional Lability—rapid mood swings from happiness to temper outbursts to tears and back in a short span of time. Usually the children are either over affectionate or very resistive to being touched.
8. Disassociated States—these children have periods in which they seem to be "off in space". This should not be considered an epileptic equivalent since they can be brought back into contact with a strong stimulus.

9. Perseveration—will often repeat an answer to a former question even though they know it was inappropriate and unrelated. Perseveration can be noted in oral responses, motor responses and with behavior in social situations.
10. Fatigue—these children appear more susceptible to fatigue than most youngsters.

B. Psychological Examination

In the last few years many new tests have been introduced for the diagnosis and evaluation of children with learning disorders. While a number of these new instruments may make a contribution to the total understanding of the child, they do not seem to provide the primary basis for evaluation. The following section will attempt to summarize the reliable and simplified approaches developed out of the ten years of experience with the Ohio program.

1. Objective Evaluation

While a number of mental ability tests have been used, such as the Wechsler Intelligence Scale for Children, the Stanford-Binet appears to be the most reliable and valid single examination. The writers recognize the dangers inherent in presenting a "cookbook approach" to test performance; the following represent what appear to be significant test pattern observations:

a. There is a tendency toward a wide spread in test pattern. For example, it is not uncommon to observe a six to eight year spread between basal year and ceiling. (This is, of course, determined by beginning the testing where the child is able to pass all items, and continuing to the point where all are failed.)
b. Many of the children have more success with items involving verbal skills and less success with performance items.
c. When weaknesses are observed in reasoning items, they appear more prevalent in abstract areas than in the practical situations. There was a tendency to distinguish parts more readily than the Gestalt.
d. Items requiring ability to maintain attention are

failed almost entirely by the large majority of the children in the program. This is measured by the inability to complete memory for digits and memory for sentences at their mental levels. In many cases, performance on these levels fell considerably below this level. Rote memory for a story at the eight-year level is also missed by a majority of the children.

e. Items involving visual-motor development seem to indicate a weakness in this area with many of the children. This is readily observed in their inability to complete geometric figures at or below their mental age levels. It is further apparent in responses to memory for designs at the nine-year level.

f. Auditory perception weaknesses appear apparent in word rhyming, word discrimination such as found in vocabulary items and word discrimination lists. Sometimes auditory perception difficulties are evident in digit span, repeating sentences and in the structure of written and oral language samples if the psychologist is certain that other factors such as attention, hearing acuity, and ability have been held in obeyance.

g. There is a general inability to adjust positively to the test situation in many children. This is evidenced by the necessity for a prolonged readiness period to establish initial rapport; in many instances it is necessary for the psychologist to permit the children to "talk themselves out" before attempting to work with standardized procedures.

h. There is difficulty in attending to specific items. Many of the children require continual re-orientation and rapid change of test activities to maintain their interest.

i. There is an apparent rigidity in the ability to pursue tasks. These children are generally described as lacking flexibility with a marked difficulty in "shifting" from one sub-test to another.

j. There is an obvious need for physical contact to reassure and strengthen concentration. In many instances examiners report the necessity to take a child

by the hand and draw him back to the task and maintain attention. It is further noted that when this kind of approach is incorporated the child becomes more relaxed and seems more able to respond to the test situation.

k. There are cyclic responses within the same sub-test. In these instances, a satisfactory response preceded or followed a failure on an item in the same test sequence. For example:

(1) Memory for Digits—When success is observed on this sub-test, overall performance is usually inconsistent, i.e., many of the children pass the first series, fail the second series, then pass the the third series. In some cases, after one successful experience the child is unable to complete the other two series successfully. Some of the children have no success until the third series is presented.

(2) Sentence Memory—Performance on this subtest is generally characterized by passing either the first or second presentation, but not both. Many of the children tend to change words and phrases beyond the degree usually observed with normal children.

(3) Verbal Absurdities—Performance on this subtest indicated an inconsistent pattern. Children often request repeated instruction and tend to respond in a cyclic pattern as the series is presented. In some instances they become preoccupied with certain words or fragmentary ideas of the absurdity and are unable to grasp the actual total situation described. Often they over-react to the absurdity as presented and appear to forget the need to respond.

(4) Similarities and Differences—The most observable difficulty is the inability to respond to both similarities and differences; generally these children tend to follow through on one but not the other.

(5) Reasoning Items Involving Two Responses—The apparent inability to attend to a task is ob-

served on this test item. When responding to items requiring more than one answer and where directions do not permit repeating the item, many of the children experience failure.

1. Bender-Gestalt: Many difficulties in visual perception, eye-hand coordination, and in fine motor control may be observed with this test. However, these three areas of performance may be found singularly or in combination. It is a gross mistake to "lump" Bender performance under the category of visual-motor perception. Many children may be found who have poor fine motor control and/or eye-hand coordination, but absolutely no visual perception (discrimination) problem. The examiner must make every effort to cross check Bender performance with other tests including academic tests to determine which area(s) are providing difficulty. This approach has rather obvious diagnostic "treatment" implications.

2. Interpretation of Psychological Test Information

It should be clearly understood that one or two responses such as those mentioned above should not be interpreted as indicating a learning disorder, nor should it be assumed that no handicap is present if none of these appear in a single test session. Proper diagnosis is highly dependent upon the psychologist's sensitivity and his ability to skillfully evaluate item performance.

A careful distinction must be drawn between what is considered "objective test results" and what is "subjective test interpretation". Objective results refer to the level at which the child was able to perform in a given sample of behavior. Subjective interpretation refers to the rather intangible aspects of performance. While subjective interpretation is highly important in deriving accurate insights concerning a child's ability, the psychologist must be sure to have tangible observations upon which to base his findings. Interpretations, such as, "I know he could have done better" (without any other evidence), or "If the child did not have this handicap, he would have significantly more mental ability" can be highly misleading and prevent effective educa-

tional programming. Most psychologists feel that it is their responsibility to describe and present behavior and that predictions of future performance must be made with extreme caution based upon a realistic appraisal. This position is based upon the premise that the child must be initially placed educationally at a level where he can be expected to learn successfully; a child must not be placed today on the prediction of what might be tomorrow; that is, we climb the educational ladder one rung at a time.

Chapter 2

A COMPREHENSIVE PROGRAM FOR NEUROLOGICALLY HANDICAPPED CHILDREN

PHILOSOPHY

Emphasis should be placed upon an eclectic and pragmatic approach rather than on the promulgation of any one theoretical position. Change based upon evaluation has been the moving factor in the development of the Ohio program for neurologically handicapped children since the original Demonstration Project. The assumption has been made that the final answers to these children's problems do not presently exist and that the information necessary to progress will be generated from the operational classroom. This philosophy is described as follows:

1. Experimentation without bias. Areas included should be: identification, organization, approaches, techniques, materials, etc.
2. Evaluation on a formal as well as informal basis. A strong effort must be made to differentiate what is "'theorized", "thought", "felt", and what appears valid on the basis of evidence.
3. Exchange of information between teachers and school districts. It is felt that cooperation between different programs pay dividends to all concerned, and that operating classes as if they were in keen competition could impede progress.
4. Repeated retrial and evaluation in other situations.

A COMPREHENSIVE EDUCATIONAL PROGRAM

Neurologically handicapped children have different educational needs depending upon variables such as age, ability, specific class placement and severity of the learning and/or behavioral problem. It has been our experience that a complete program for learning

and/or behavioral difficulties in the public school must be three phased if it is to be truly effective.

PHASE A: Regular classroom adjustments. There are some children who can profit from minor adjustments which can be carried out in the regular classroom. These children usually have very minimal problems or are children who have previously been in a self-contained neurologically handicapped class. While regular class adjustments may represent an ideal solution, the realities of regular class size often hinder effective adjustments. The existence of the special class in the school system substantially contributes to the in-service training which makes adjustments in the regular classroom more effective.

PHASE B: Supplemental instruction. There are some children who can profit from a program of organized supplemental instruction in addition to the regular classroom activities. This is commonly known as the booster program and can also be utilized for children who have been integrated from the special class. The effectiveness of this approach appears to be based upon organization, supervision of tutors, and the performance of instruction in the school building during the normal school day. School districts operating a neurologically handicapped program often utilize the booster phase in the diagnostic process prior to special class placement. Supplemental instruction may be focused upon basic skill deficiencies as well as supportive in nature. The program may be initiated under State Board of Education Program Standards 215-10 (E) or the concept may be incorporated in an existing school service.

PHASE C: Self-contained special class program. A large portion of these children need the benefits of a class specifically designed for learning and/or behavioral disorders. The special class provides the circumstances in which a child's program may be individualized to the necessary degree. Additional information regarding the special class program may be

found in State Board of Education Program Standards 215-05.

The operation of a neurologically handicapped program has provided a new and unique approach to the education of children with learning and/or behavioral disorders. Traditionally, the educational alternatives available to neurologically handicapped children have been limited:

1. Retention in grade. These children's learning difficulties tend to be specific as opposed to the generalized problems of ability found in dull normal, slow learning, and retarded children. Simple retention in a regular class of approximately thirty children precludes the degree of specific individualization of basic skill and perceptual areas which is necessary. In addition, a child of at least average mental ability does not need the entire first grade curriculum over again. Retention in this situation is often associated with increased damage to the self concept, feelings of inferiority, bad work habits, and poor attitudes toward school, all of which may later be related to behavior problems and in some incidents to actual emotional disturbance.
2. Promotion or placement in the next grade. While the child may have the required mental ability, he does not possess the necessary tool skills and/or behavior to successfully compete with children of like ability. Exercise of this alternative compounds the youngster's problems each succeeding year and may lead to disastrous emotional and behavioral consequences.
3. Exclusion. This may include temporary or permanent exclusion from school, placement in a class for children of lower mental ability, or eventual institutionalization.
4. Private schools. While there are a number of private schools offering excellent service to these children the cost is prohibitive to most parents. It is felt that this problem is of such significant magnitude that it becomes imperative to initiate programs for children with learning and/or behavioral disorders in the public schools.

Chapter 3

THE SPECIAL CLASS

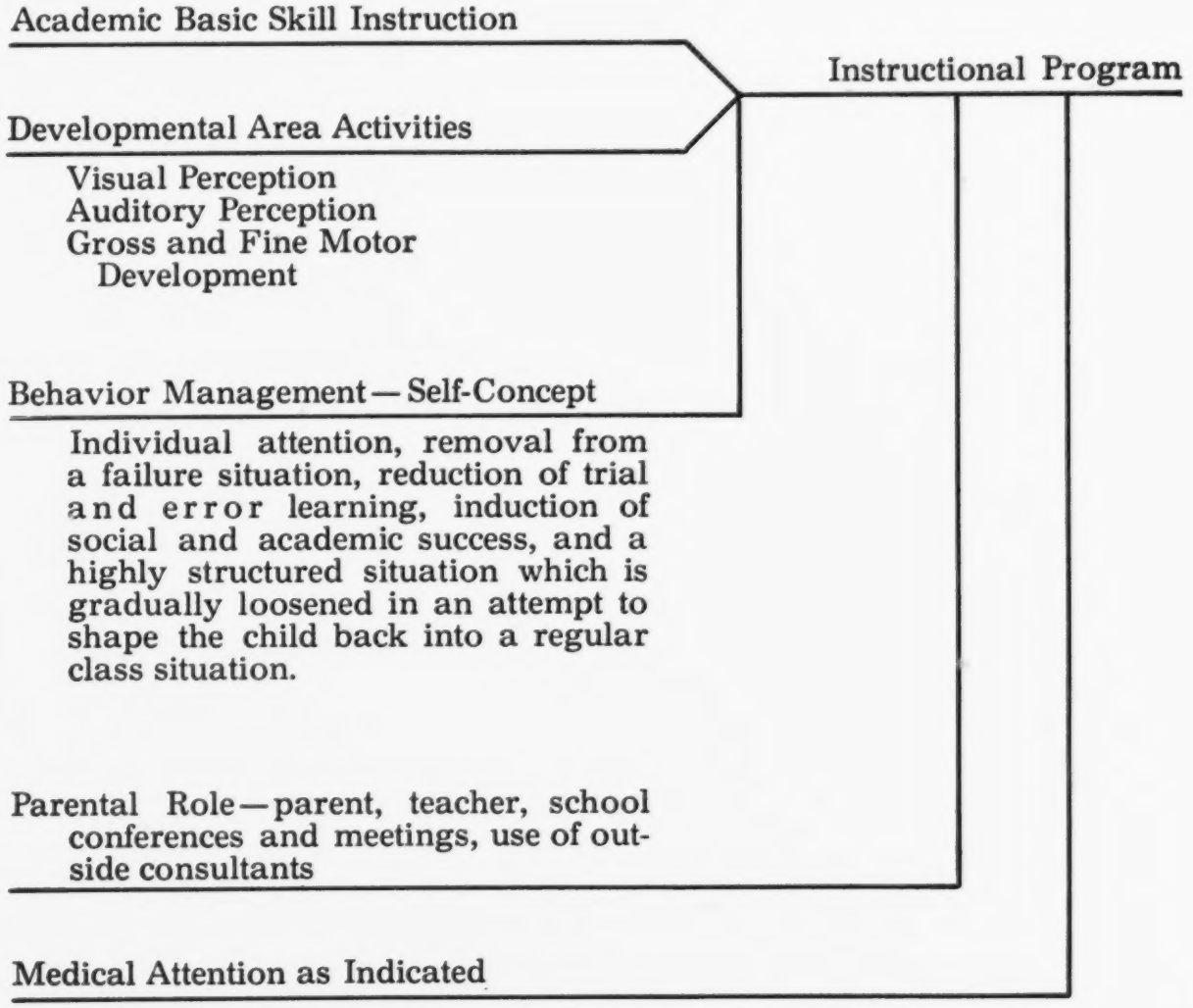
The program for neurological handicapped was developed as a way to generate practical answers regarding children who are not learning and/or adjusting in the general school setting. These are children who are not learning through the traditional group teaching methods and who are very often developing a strong secondary emotional overlay leading to behavioral problems. The original Columbus Demonstration Project in 1958-59 confirmed the fact that it is relatively easy to identify twelve-year-old children who were obvious school problems. Unfortunately, as has been demonstrated many times, the salvage value of a class designed to help neurologically handicapped children is in inverse proportion to the age of identification and placement. Presently the focus is upon five, six, seven, and eight-year-old children. The accumulated experience since 1958-59 strongly suggests that if the school is to play an effective role with these youngsters, then emphasis must be placed upon early identification, treatment, and prevention. The school must act before "minimal" problems are allowed to develop into "easy to identify-want to get rid of" disorders which present an intolerable situation with regard to school participation.

In order to meet this challenge, two criteria must be established. First, the special class program must be practically operational in the public school setting. Secondly, while many intangible benefits may be derived for children through the special class, it must be able to produce observable objective results in the areas of improved behavior, increased personnel efficiency, improved self concept, and increased academic achievement.

THE INSTRUCTIONAL PROGRAM

The basis for the instructional program is found in the elementary school curriculum; it has often been referred to as a highly individualized and intensive basic skill approach. The following diagram may help to visualize the elements which when put together make up the instructional program.

DIAGRAM I THE INSTRUCTIONAL PROGRAM

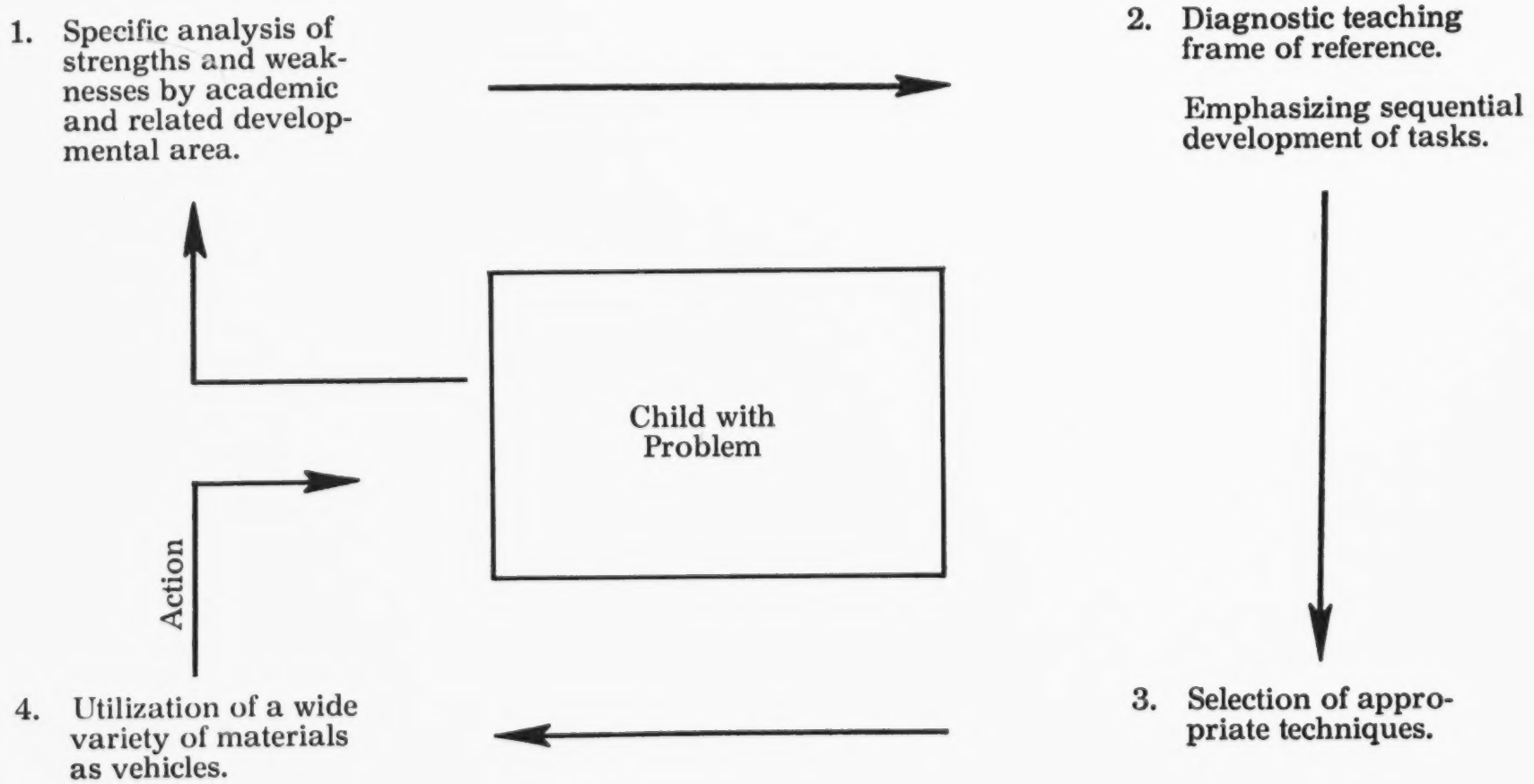

Academic Basic Skill Instruction
Instructional Program
Developmental Area Activities
Visual Perception
Auditory Perception
Gross and Fine Motor Development
Behavior Management—Self-Concept
Individual attention, removal from a failure situation, reduction of trial and error learning, induction of social and academic success, and a highly structured situation which is gradually loosened in an attempt to shape the child back into a regular class situation.
Parental Role—parent, teacher, school conferences and meetings, use of outside consultants
Medical Attention as Indicated

ACADEMIC BASIC SKILL INSTRUCTION AND DEVELOPMENT ACTIVITIES

The following diagram may help in illustrating the general approach to basic skill and developmental activities instruction:

Step 1: If one is to utilize strengths and build upon weaknesses, then it is necessary to make a specific analysis of performance in the basic skills, such as reading and arithmetic as well as in the correlated areas of visual and auditory perception and motor development. This process may have been initiated by the

DIAGRAM II: GENERAL APPROACH


1. Specific analysis of strengths and weaknesses by academic and related developmental area.
2. Diagnostic teaching frame of reference.
Emphasizing sequential development of tasks.
Child with Problem
Action
3. Selection of appropriate techniques.
4. Utilization of a wide variety of materials as vehicles.

psychologist, but it must be continually carried forth by the teacher. While formal "tests" may be useful in the beginning, specific analysis is a day to day process which constantly readjusts each individual child's educational "game plan". It is not sufficient to know that a child reads at a particular level on a given page in a book. The teacher must begin to note the specific errors or inadequacies in basic skill areas as well as in related perceptual areas. As an example, oral reading - child confused many "b's" and "d's"; noted a number of apparent reversal tendencies in handwriting as well as in visual perceptual activities; continues to demonstrate much left-right confusion (motor area). Such notes will become increasingly specific and brief as the teacher gains experience. The Appendix contains examples of record keeping forms which some teachers have found useful.

Step 2: Diagnostic teaching is conceptualized as a frame of reference rather than a system of theory. It involves adopting what the teacher might ordinarily be doing in a learner/teacher situation and modifying the approaches and materials to meet the specific deficiencies of the child. The child's skill-needs dictate the individual program rather than trying to bend the child to meet the prescribed curriculum. There are a number of questions which may prove useful in this process:

1. What can he be expected to learn?
   What is the relationship between ability and readiness for a given series of activities?
   The answers to these questions requires basic knowledge of child growth and development in motor, perceptual, and academic performance areas.

2. What does he already know?
   What can he do at the 100% accuracy level (success/self concept range)?
   What can he do at the 75% accuracy level (prime learning range)?
   What *can't* he do at the 75% level (failure, frustration, damaged self concept range)?

3. What does he need to know next in order to achieve successfully (beginning in the 75% accuracy level)?

4. What is stopping him?
   What specifically needs to be worked upon?

Diagnostic teaching could be termed the concept of intermediate micro steps. Micro steps are what the child needs to master next in the hierarchy of skill development whether it be in academic, perceptual, or motor areas. Just as a child walks before he runs, it is necessary to build a bridge between mastering of single phonic sounds and the blending task with micro steps such as word discrimination, phonic discrimination, phonic synthesis, etc. Children with learning disorders are not able to jump from one major learning achievement to the next without a "bridge of micro steps".

Steps 3 & 4: There seems to be a great deal of confusion between methods, techniques, and materials. If we think analogously in terms of building a house, we can see that *method* refers to the blue print construction details. *Technique* refers to the skill and chosen approach utilized by the carpenter. *Materials* refer initially to the selection of materials which most effectively carry out the intent of the blue print.

Unfortunately, materials are given disproportionate attention; a "house" built upon this assumption would leave a great deal to be desired. Materials are inanimate objects; they contain no plans, skills, or techniques. While certain materials may lend themselves to a specific task more than others, *they contain no magic and they are no panacea for learning disorders.*

THE RELATIONSHIP BETWEEN ACADEMIC BASIC SKILL INSTRUCTION AND DEVELOPMENTAL AREA ACTIVITIES

The experience of classes for learning and/or behavioral disorders to date strongly supports the contention that *transfer* between the so called developmental areas (perceptual and motor) and basic skill instruction must be *intentionally taught.* As an example: practice in algebra will not "cause" one to be an outstanding student in logic, practice in finger manipulation will not "cause" one to be able to walk better, learning to walk better will not "cause" one to read better, nor will practice in any visual/perceptual area by itself "cause" one to read better. While there is no doubt that visual perception and reading are highly related, all of the developmental areas should be considered the building blocks of reading performance. However, the developmental activities must be meaningfully related to the performance task,

such as reading. It is a falsity to test drawing diamonds, devoting the bulk of class time to training diamond performance, and then re-test diamonds to find great improvement only to bemoan the complete lack of significant reading achievement increment. The transfer between developmental readiness activities and academic performance has to be taught utilizing micro steps.

BEHAVIORAL MANAGEMENT

It is generally recognized that behavioral adjustment is highly related to self concept. The self concept of children with learning disorders is generally poor. They have experienced repeated failure which cannot be controlled. They are highly frustrated. They have let their parents and teachers down. They cannot successfully compete with other youngsters of similar mental ability. In short, they are a failure and eventually in one way or another will begin to act accordingly.

MAJOR OBJECTIVES

It is necessary to manipulate the controls available in the special class structure in an attempt to gradually condition or shape the child back into a normal class situation. Key factors available in this process appear to be:

1. Acceptance by parents, child, and school that a real "cause" exists for which something can be done, and that the "problem" is not a matter of guilt or fault.
2. Removal from a rather traumatic failure situation.
3. More individual attention possible in a class of eight to ten children.
4. Protection from additional self-image damage while time, maturation, treatment, and the specialized efforts of the class have a chance to operate.
5. Induction of success by controlling trial and error learning through the diagnostic teaching process.
6. Induction of social success through a highly structured classroom social and physical organization.
7. Learning and re-learning by the reinforcement of pur-

poseful, structured, and controlled success experiences in the basic social relationships and roles.

8. A constant but gradual attempt to shape the youngster's behavior back into a normally looser relationship so that he might function successfully in a regular classroom. This, too, is generally done utilizing micro steps in a gradual re-integration of the child back into the regular class. Ideally, behavioral and academic achievement can be more or less coordinated in this process. The behavior charts found in the Appendix can be very useful in this purpose.

PHYSICAL ORGANIZATION

The physical organization of the room is intimately related to the instructional problem as well as to behavioral management. The essentials of good elementary classroom zoning should be employed. In general, the classroom should be highly structured, neat, orderly, conductive to an individual program, and coupled with a reduction of extraneous visual and auditory stimulation. The following factors should be taken into consideration:

1. The class should be housed in a regular school building to facilitate re-integration back into the regular class.

2. Provision should be made for individual work carrells utilizing portable screens. Portable screens appear to give the illusion of privacy without the concomitant problems which can develop from the isolation of some permanent enclosures. In addition, screens readily lend themselves to flexible room organization and gradual loosening of structure.

3. Provision should be made for a group work area within the classroom. Small group activities should be undertaken, first concentrating primarily on social activities. Later as the children demonstrate their attention and the instructional program activity lends itself, group work should be expanded judiciously.

4. Provision should be made for a supervised physical activities play area within the classroom. Care should be taken that activity in this area does not directly interfere with other areas.

5. A large physical activity area should be provided elsewhere in the school building, such as a gym.

6. A small section of the room may be developed for display of the children's work and key visual aides. In general, group visual aides should not be conspicuously displayed except as they are in immediate use.

7. Adequate storage for materials, supplies, and children's projects and personal belongings should be available. Individual children's desks should not be used for storage; individual work folders (finished, unfinished, and future) should be available in a separate part of the room.

8. A group and individual auditory training center should be incorporated into the room (earphones for tape recorders, language master or phonic mirror, etc.).

PARENTAL ROLE

Volumes have been written concerning the critical role parents play in a program for children with learning and/or behavioral disorders.

In general, parents have been concerned and frustrated in their inability to understand or cope with their child. Two-way communication is vital to program success. Unfortunately, this is an area which is very easy to slight and feelings are very sensitive. The following elements should be considered in the parent program:

1. The special class(es) should have an organized and well defined parent information program.

2. The purpose and expectations of the special class should be discussed realistically before placement is suggested. The nature of the child's problem in learning and/or behavioral areas should be explained in educational terms that are easily understood by the layman. State Board of Education Program Standards regarding a complete physical/neurological examination were made clear.

3. Numerous parent/teacher conferences should be encouraged.

4. Periodically parents may be asked to meet as a group for the purpose of further program information and group

discussions. Outside consultants should be used, such as mental health workers, psychologists, physicians, etc.

5. Periodic written reports should be made to parents regarding the child's academic progress and behavioral adjustment. Regular report cards should be accompanied by a more specific supplement report. Many programs have found that frequent supplemental reports are appreciated. Letter grades (or comments) should reflect success in relation to the individual level of achievement and should be subscripted to reflect actual grade level.

MEDICAL ATTENTION

As has been described earlier, a large number of these children benefit from medication. Teachers should keep behavioral charts on their youngsters for their own use as well as use by the physician treating the child.

Chapter 4

ADMINISTRATOR'S GUIDE

Classes for children with learning and/or behavioral disorders are essentially a diagnostic instructional program. It is an attempt to intercede in the educational development of children who are experiencing difficulty in school before the problems become intolerable. Administratively, it is far easier to effectively plan for minimal learning and/or behavioral difficulties before they become educational casualties.

The following represents a summary of administrative considerations. The Ohio Division of Special Education will furnish additional information upon request.

1. Children: Emphasis upon children ages five through eight who have normal mental ability and who are experiencing difficulty in school. STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (B).

2. Goal: Successful return to the regular classroom. Presently three out of four children are being returned to the regular classroom in three to four years. First grade children with minimal problems are often being returned in less time. Critical variables appear to be age, mental ability, and severity of problem. STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (E) (2).

3. A comprehensive approach is necessary:
   Phase A: More regular classroom adjustments
   Phase B: Supplement in school tutoring
   Phase C: Self-contained class
   STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (E).

4. Focus of self-contained class: Core of program centers around intensive individualization of basic skill work coupled with perceptual/developmental activities. STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (E).

5. Initiation of new program:
   a. Contact the Ohio Division of Special Education for additional information and assistance.
   b. Work with the Division in developing an operational plan tailored to the school district's needs and facilities.
   c. Lay appropriate ground work including identification, selection of teachers and rooms, conferences, etc.
   d. Submit unit approval forms in October.

6. Teacher consultant: Many programs have found it invaluable to utilize a teacher consultant. While this step is optional, it is highly recommended. A teacher consultant may function as follows:
   a. aid in the establishment of program
   b. take part in identification procedure
   c. act as a consultant to regular classroom teacher
   d. supervise program
   e. act as a liaison between special and regular class
   f. conduct in-service training for special class program; may be utilized in same role with regular class teacher
   g. coordinate parent communication
   h. supervise and coordinate supplementary instruction service with special and regular class

   STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (A) (3) (4).

7. Eligibility for placement:
   a. Educational evidence of an academic or behavioral problem.
   b. Psychological evidence of a learning problem (perceptual, attention span, etc.) with normal mental ability.
   c. Physician's statement indicating a neurological handicap.

8. Identification resources:
   a. Teacher and principal recommendation
   b. Psychological referrals
   c. Information from accumulative records
   d. Readiness and achievement test results
   e. Screening techniques utilizing teacher questionnaires, check lists, or testing
   f. A review of "possibles" on the retention danger list early in the Spring. This procedure has proven extremely effective.

   STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (B).

9. Class size: Minimum class size for a unit of neurologically handicapped children shall be eight. Maximum size shall be ten. Age range shall not exceed 48 months. STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-04 (C) (1) (2).

10. Staff orientation: This will facilitate identification and future cooperation.

11. Conference with key physicians to explain the school program: Most programs have found this an invaluable step in securing community cooperation. Communication is important. They in turn can interpret this program to other physicians. STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (B) (2).

12. Selection of the teacher: Our experience has repeatedly demonstrated that teachers should be primarily selected on the basis of:
    a. success in working with normal children
    b. knowledge of primary basic skill work
    c. ability to work effectively with children on an individual basis
    d. understanding of child growth and development
    e. flexibility and willingness to learn

    The basic training quaifications is in elementary education. Therefore, an elementary certificate is required. Additional training may be obtained through inter district in-service workshops, summer institutes

sponsored by the Division of Special Education, and university course work. STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (F).

13. Selection of room: The special room should be a room located in a regular elementary building. It should be free of excessive traffic and noise problems. Adequate facilities for the storage of materials must be provided. STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (D) (1) (2).

14. Return to regular classroom: A written policy should be established which involves the special class teacher, supervisor, building principal, and receiving teachers. STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (E) (2).

15. Parent relationship: Periodic individual and group conferences should be arranged. Community consultants, such as physicians, psychologists, etc. should be utilized in group meetings. STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (E) (4).

16. Reporting to parents: Regular report cards may be utilized, but should be supplemented with an additional detailed report such as an annotated check list. STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (E) (4).

17. Equipment: The classroom should be equipped in a normal manner. Additional consideration should include: portable screens, tape recorders, supplementary basic skill material, remedial material, developmental materials (visual aid, auditory perceptual materials, physical activities equipment as required).
While there are many useful sophisticated materials available, the program should be centered around basic materials. Such materials may be added as required. STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (D) (3) (4) (5).

18. Teacher training: Provide opportunities for attendance at workshops, institutes, and program visitations. STATE BOARD OF EDUCATION PROGRAM STANDARDS 215-05 (F) (2).

19. **Evaluation:** Appropriate proceedings should be established so that individual achievement and progress may be readily evaluated.

APPENDIX A

BIBLIOGRAPHY

BIBLIOGRAPHY

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APPENDIX B

STATE BOARD OF EDUCATION PROGRAM STANDARDS

Ohio

State Board of Education

EDb-215-10 PROGRAM STANDARDS FOR INDIVIDUAL INSTRUCTIONAL SERVICES

(Adopted August, 1966)

(A) HOME INSTRUCTION

(1) *Eligibility*

(a) Home instruction may be approved for children who are physically unable to attend school even with the aid of transportation.

(b) Home instruction may be approved for educable children who are capable of profiting from a formal educational program.

(c) Children shall have a mental age of 6-0 years or above to be eligible for home instruction services.

(d) Telephone instruction may be approved within these standards.

(e) Applications for home instruction for children who are not physically handicapped shall not be approved.

(2) *General Information*

(a) The superintendent of schools (or his designated representative) shall sign all applications for home instruction.

(b) All applications for home instruction shall be approved in advance.

(c) A child shall be examined medically and recommended for instruction each year.

(d) Short-term instruction shall not be approved. Payment shall not be made for students receiving less than 20 hours of instruction during the school year.

(e) The local school shall keep accurate records on grades of students on home instruction. These records shall be available to the Division of Special Education upon request.

(f) The teacher employed by a board of education for home instruction shall hold an Ohio teaching certificate appropriate for the level of instruction to which the assignment for home instruction is made.

(3) *Reimbursement*

(a) The Division of Special Education may approve $1.50 per hour for home instruction at a rate of not less than $3.00 per hour, and one-half of the actual cost in excess of $3.00 per hour, but not to exceed $6.00 per hour.

(b) The Division of Special Education may approve telephone instruction as follows: One-half of the cost of installation service, one-half of the monthly service charge, and one-half of the cost of one hour of instruction per week by a qualified teacher not to exceed $6.00 per hour.

(c) Home instruction may be approved for one hour for each day a child is physically unable to attend school. The total number of hours shall not exceed the total number of days the school district is legally in session.

(4) *Data to be Submitted*

(a) A test of mental ability to determine readines to profit from a formal academic program is required for all children in the first grade, for older children who have not been in school, and for children retarded in grade.

(b) The medical section of the application blank shall be filled out and signed by the licensed physician who is presently treating the child.

(c) All applications for home instruction shall be

completed in duplicate and submitted to the Division of Special Education.

(d) Applications for telephone instruction should be submitted on the regular home instruction forms.

(e) Reimbursement claims for all approved home instruction shall be submitted by August 1 of each year on the designated claim forms.

(B) TUTORING SERVICES FOR HEARING HANDICAPPED STUDENTS

(1) *Eligibility*

(a) Hearing handicapped children (State Board of Education Standards, Section 01 and/or Section 02) may be considered for individual tutoring under one of the following criteria:

(i) There is no immediate special class placement for the child.

(ii) The child has received instruction in an approved special education unit for deaf and/or hard of hearing children and has been returned to a *regular* junior and/or senior high school program.

(iii) The child is unable to attend school for a full day due to a physical problem in addition to the hearing loss.

(iv) The child is evaluated by the Educational Clinic Team and the Central Review Committee recommends approval of individual tutoring.

(2) *General Information*

(a) The superintendent of schools (or his designated representative) shall sign all applications for individual tutoring for hearing handicapped children.

(b) Applications of individual tutoring for hearing handicapped children shall be approved for a specific number of hours which will depend upon the age of the child, the level of instruction, the

nature and degree of the hearing loss and the child's ability to profit substantially from the instruction.

(c) The teacher employed by a board of education for individual tutoring shall hold an Ohio teaching certificate appropriate for the level of instruction to which assignment for tutoring is made.

(3) *Reimbursement*

(a) The Division of Special Education may approve $1.50 per hour for individual tutoring for hearing handicapped children at a rate of not less than $3.00 per hour, and one half of the actual cost in excess of $3.00 per hour, but not to exceed $6.00 per hour.

(b) The approval for individual tutoring shall not exceed a maximum of 5 hours per week. The total number of hours shall not exceed the total number of days the school district is legally in session.

(4) *Data to be Submitted*

(a) All applications for individual tutoring shall be completed and submitted in duplicate to the Division of Special Education. Only one copy of the following reports should be submitted:

(i) Recent report of otological examination.

(ii) Recent report of school psychologist.

(iii) Recent report of audiologist.

(iv) Recent report of child's school progress and achievement.

(b) Reimbursement claims for all approved tutoring for hearing handicapped children shall be submitted by August 1 of each year to the Division of Special Education on the designated claim forms.

(C) TUTORING SERVICES FOR VISUALLY HANDICAPPED CHILDREN

(1) *Eligibility*

(a) Visually handicapped children (State Board of Education Standards, Section 04) may be consider-

ed for individual tutoring under one of the following criteria:

(i) No suitable special education program is available.

(ii) Transfer to a regular school program from an approved special education program for visually handicapped children.

(iii) Unable to attend school for a full day due to some other physical problem in addition to the visual handicap.

(iv) The service has been recommended by the Educational Clinic Team and the Review Committee.

(2) *General Information*

(a) The superintendent of schools (or his designated representative) shall sign all applications for tutoring.

(b) Approval may be made for a school year or a specific period of time during any current school year.

(c) The teacher employed by a board of education for tutoring shall hold an Ohio teaching certificate appropriate for the level of instruction to which she is assigned.

(3) *Reimbursement*

(a) The Division of Special Education may approve $1.50 per hour for individual tutoring for visually handicapped children at a rate of not less than $3.00 per hour, and one half of the actual cost in excess of $3.00 per hour, but not to exceed $6.00 per hour.

(b) The approval for individual tutoring shall not exceed a maximum of 5 hours per week. The total number of hours shall not exceed the total number of days the school district is legally in session.

10 **INDIVIDUAL INSTRUCTIONAL SERVICES** (Cont'd)

(4) *Data to be Submitted*

(a) All applications must be completed in duplicate and submitted to the Division of Special Education. One copy of the following reports should accompany the application:

(i) Report of psychological examination to determine child's ability to benefit from the tutoring services.

(ii) Current eye report by qualified examiner to show type and extent of child's visual impairment.

(b) Reimbursement claims for all approved individual tutoring for visually handicapped children shall be submitted by August 1 of each year to the Division of Special Education on the designated claim forms.

(D) STUDENT READER SERVICE FOR CHILDREN WITH VISUAL HANDICAPS

(1) *Eligibility*

(a) Reader service may be approved for visually handicapped children (State Board of Education Standards, Section 04) in the sixth grade and above who are visually unable to meet the reading requirements of their grade level.

(2) *General Information*

(a) The superintendent of schools (or his designated representative) shall sign all applications for reader service.

(b) Approval may be granted for a school year or a specific period during the current school year.

(c) The student reader employed by the board of education shall be chosen by the superintendent of schools or the principal of the school in which service is given. He shall be supervised by the principal or a teacher designated by the principal.

(3) *Reimbursement*

(a) The Division of Special Education may approve reader service at a rate of $1.00 per hour.

(b) The approval for reader service shall not exceed a maximum of ten hours per week. The total number of weeks shall not exceed the total number of weeks the school district is legally in session.

(4) *Data to be Submitted*

(a) Reimbursement claims for all approved reader service shall be submitted by August 1 of each year to the Division of Special Education on the designated claim forms.

(E) INDIVIDUAL SERVICE FOR NEUROLOGICALLY HANDICAPPED CHILDREN

(1) *Eligibility*

(a) Children with normal potential ability who have a medical diagnosis of a neurological handicap and who are under active medical supervision may be considered for service on a temporary basis.

(b) Individual instruction shall be approved only when there is sufficient discrepancy between mental maturity and achievement level to warrant such service.

(c) All individual instruction should be given at school. Children receiving this service shall be in regular school attendance.

(d) Individual instruction may be considered for children who meet the above criteria when there is no self-contained program available.

(2) *General Information*

(a) The superintendent of schools or his designated representative shall sign all applications for instruction.

(b) All applications for instruction shall be approved in advance.

(c) A child must be examined medically and recommended for instruction each year.

(d) The teacher employed by a board of education for such instruction shall hold an Ohio teaching certificate appropriate for the age and grade level of the child.

(3) *Reimbursement*

(a) The Division of Special Education will approve $1.50 per hour for individual instruction at an approved rate of $3.00 per hour and one half of the actual cost in excess of $3.00 per hour, but not to exceed $6.00 per hour.

(b) Approval may be made for a specific period during any current school year, not to exceed five hours per week. The total number of hours shall not exceed the total number of days the school district is legally in session.

(4) *Data to be Submitted*

(a) All applications must be completed in duplicate and submitted to the Division of Special Education.

(b) A report of the medical diagnosis.

(c) A report of an individual psychological examination by a qualified psychologist.

(d) Reimbursement claims for all approved individual instruction shall be submitted by August 1 of each year to the Division of Special Education on the designated claim forms.

(F) INDIVIDUAL SERVICE FOR EMOTIONALLY HANDICAPPED CHILDREN

(1) *Eligibility*

(a) Children with normal potential ability who have a medical diagnosis of an emotional handicap and who are under active medical supervision may be considered for service on a temporary basis.

(b) Individual instruction shall be approved only when there is sufficient discrepancy between mental maturity and achievement level to warrant such service.

(c) All individual instruction should be given at school. Children receiving this service shall be in regular school attendance.

(d) Individual instruction may be considered for children who meet the above criteria when there is no self-contained program available.

(2) *General Information*

(a) The superintendent of schools (or his designated representative) shall sign all applications for instruction.

(b) All applications for instruction shall be approved in advance.

(c) A child must be examined medically and recommended for instruction each year.

(d) The teacher employed by a board of education for such instruction shall hold an Ohio teaching certificate appropriate for the age and grade level of the child.

(3) *Reimbursement*

(a) The Division of Special Education will approve $1.50 per hour for individual instruction at an approved rate of $3.00 per hour and one half of the actual cost in excess of $3.00 per hour, but not to exceed $6.00 per hour.

(b) Approval may be made for a specific period during any current school year, not to exceed five hours per week. The total number of hours shall not exceed the total number of days the school district is legally in session.

(4) *Data to be Submitted*

(a) All applications must be completed in duplicate

and submitted to the Division of Special Education.

(b) A report of the medical diagnosis.

(c) A report of an individual psychological examination by a qualified psychologist.

(d) Reimbursement claims for all approved individual instruction shall be submitted by August 1 of each year to the Division of Special Education on the designated claim forms.

Ohio

State Board of Education

EDb-215-05 PROGRAM STANDARDS FOR SPECIAL EDUCATION UNITS FOR NEUROLOGICALLY HANDICAPPED CHILDREN

(Adopted August, 1966)

(A) *General*

(1) A special education unit or fractional unit for children with learning and behavioral problems related to a neurological handicap may be approved only within these standards.

(2) A special education unit or fractional unit may be approved for an experimental or research unit designed to provide a new or different approach to educational techniques and/or methodology related to children with neurological handicaps.

(3) A teacher-consultant who works full time with administrators, teachers, parents and medical personnel on problems relating to the education and adjustment of these children may be considered for approval as a full unit.

(a) Approval of such units shall be based upon an outline of program, submitted annually.

(4) A full time special education unit may be approved for a supervisor of the program for neurologically handicapped children in a district which has ten or more approved self-contained class units for these children.

(a) Two or more districts may share an approved unit for supervision.

(5) A special education unit or fractional unit may be approved *only* for districts where the services of a qualified school psychologist are available.

(6) The superintendent of the school district of attendance (or his designated representative) is responsible for the assignment of pupils to approved special education units.

05 UNITS FOR NEUROLOGICALLY HANDICAPPED CHILDREN (Cont'd)

(7) All children enrolled in an approved special education unit for neurologically handicapped children shall meet the standards listed below.

(B) *Eligibility*

(1) Children with a medical diagnosis of a neurological handicap will be considered for placement if they are under active medical supervision.

(a) Children with severe hearing, visual or motor involvement shall not be considered for this program.

(b) Children must demonstrate the ability to produce connected language.

(2) Determination of eligibility shall be based upon physical, mental, social and emotional readiness as revealed through the complete findings of the attending physician and a qualified psychologist. All children must have a complete neurological evaluation, including an electroencephalogram, for initial placement in class.

(3) Children shall have an intelligence quotient of not less than 80 on an individual psychological examination administered by a qualified psychologist.

(C) *Class Size and Age Range*

(1) Minimum class size for a unit of neurologically handicapped children shall be 8. Maximum size shall be 10.

(2) Age range within a unit shall not exceed 48 months.

(3) Children over the age of 14 shall not be enrolled in a special education unit for neurologically handicapped children.

(a) Neurologically handicapped pupils over the age of 14 may be considered for special services by the teacher-consultant or through individual instruction.

(D) *Housing, Equipment, and Materials*

(1) A special education unit for neurologically handicapped children shall be housed in a classroom in a regular

school building which meets the Standards adopted by the State Board of Education, with children of comparable chronological age.

(2) Classrooms shall be large enough to accommodate special equipment, teaching materials, and individualized and small group instruction.

(3) Provision shall be made for the reduction of visual and auditory stimuli within the classroom and school building. Each class shall have available an adequate number of portable screens to reduce stimuli.

(4) Classrooms shall be equipped with desks and chairs in varying sizes to accommodate the physical development of children within the age range of the class.

(5) Several tables and chairs shall be provided for class activity and small group work. A tape recorder with earphones for individual listening and/or a record player with appropriate records shall be available.

(E) *Program*

(1) Program organization in the self-contained class shall be essentially the same as for other children of the same age in the same building. This applies to length of the school day and participation in selected general school activities.

(a) Teacher assignments shall be similar to that of other teachers in the same building.

(2) There shall be written policies for the selection and placement of children in the special class and for return to the regular class on a full or part time basis.

(3) There should be evidence that the teacher maintains periodic records for each child's academic progress and behavioral adjustment.

(4) There shall be evidence of periodic reporting to the parents of the child's academic progress and behavioral adjustment.

(5) The curriculum shall be the same as for other children in the same school district with adjustments to meet their educational needs.

(a) A diagnostic teaching approach shall be employed to utilize children's strength and build on their weaknesses.

(b) Appropriate behavioral management techniques shall be utilized in the classroom to reduce extraneous stimuli, to minimize trial and error learning, to develop better self-concepts, and to provide external controls leading to increased self-control.

(6) There shall be evidence of periodic evaluation of the educational progress of all children placed in approved units for neurologically handicapped children.

(F) *Teacher Qualifications*

(1) A teacher shall meet all the requirements for elementary certification as established by the State Board of Education.

(2) Additional professional preparation may be required by mutual agreement of the employing board of education and the Division of Special Education.

APPENDIX C

APPLICATIONS

Submit in Duplicate

Ohio Department of Education
DIVISION OF SPECIAL EDUCATION
3201 Alberta Street, Columbus, Ohio 43204

Form SE 10 (E) (F)

APPLICATION FOR SPECIAL INSTRUCTIONAL SERVICES NEUROLOGICALLY-EMOTIONALLY HANDICAPPED CHILDREN

NAME OF CHILD_____ COUNTY_____

PARENT'S NAME_____ SCHOOL DISTRICT_____

HOME ADDRESS_____
(street or rural delivery) (city)

Child's Birth Date _____ Grade in School_____ Sex_____

*Individual Test Data:_____
(Name of Test) (Date Given) (I.Q.)

Is child in school full time?____If not, what portion of the day is he in school _____

Type of Service Requested:
Neurologically Handicapped_____ Emotionally Handicapped_____

Application: New____ Renewal ____(Check)

Date of Application_____

School Year_____

_____
Supt. or Designated Representative

_____
(Address)

The following must accompany this application:

* 1. A report of an individual psychological examination by a qualified psychologist.
  3. A summary of the child's school progress. (Including teacher comments and academic achievement results).

PHYSICIAN'S REPORT

(To be filled out by attending physician)

NAME OF CHILD_____ Date of Medical Examination_____

DIAGNOSIS_____

Is this child under active medical supervision?_____

**Approved: Yes____ No____
Date _____

_____
Director, Div. of Sp. Ed.

(Signed)_____
Name of Physician

Address_____

**The Division of Special Education will reimburse $1.50 per hour on individual instruction at a rate of not less than $3.00 per hour and one half of the actual cost in excess of $3.00 not to exceed $6.00 per hour nor five hours per week.

Submit in Triplicate

Ohio Department of Education
DIVISION OF SPECIAL EDUCATION
3201 Alberta Street, Columbus, Ohio 43204

Form SE 05

APPLICATION FOR APPROVAL OF SPECIAL EDUCATION UNIT FOR NEUROLOGICALLY HANDICAPPED CHILDREN

Approval of these special education units is contingent upon maintenance of minimum standards established by the State Board of Education

Name of School_____ School District_____ County_____

Name of Pupil	Year in Program	Birth Date	I.Q.	Name of Test	Date. Adm.	Name of Physician	Specific Diagnosis	Date of Exam

Age Range Span of Class_____ Teacher_____ Certificate held_____

Approved_____ Rejected_____

Date_____ A.D.M._____

_____
Director, Div. of Sp. Ed.

Signature_____
Superintendent or Designated Representative

Title_____

SPECIAL INSTRUCTIONS

1. List pupils in alphabetical order; use last name first.
2. Indicate whether this will be the child's first, second, etc. years in this special program.
3. Abbreviations may be used for name of intelligence test and where else they will be clearly understood.
4. Children must have a medical diagnosis of a neurological handicap and be under active medical supervision.
5. Children must have an I.Q. of not less than 80 on an individual psychological examination.
6. Children with severe hearing, visual or motor involvement shall not be considered for this program.
7. Children must demonstrate the ability to produce connected language and communicative skills.

APPENDIX D

SAMPLE LETTER TO PHYSICIAN

Superintendent or
Designated Representative
School District
Address

Dear Dr. ————————:

The parents of Johnny Jones have requested that we write to you concerning their child.

Johnny Jones, a first grader in our school system and a patient of yours, has been experiencing (description of learning and/or behavior difficulties) in class.

He appears to have (normal, average, superior) ability to learn and this fact has been confirmed by a psychological examination (see enclosure). However, he is having difficulties in (reading, arithemetic, visual perception, etc., and he is highly distractible, over-restless, cyclic attention span, etc.).

Presently the school and parents are faced with the alternatives of promotion or retention.

In light of his difficulties, neither alternative would appear to meet his educational needs.

We feel that a more suitable placement would be in our individualized basic skill classroom of 8-10 children. The purpose of this class is to provide the type of individual educational attention designed to prevent a more serious academic (or, behavior) casualty. Placement in this program is on a temporary basis and the goal is a successful return to the regular classroom. Johnny meets the eligibility criterion in the educational and psychological areas in accordance with State Board of Education Program Stand-

ards. The final eligibility is based on a medical diagnosis of a neurological handicap.

We will appreciate your cooperation in completing the enclosed physician's statement.

If you have any additional questions regarding this matter, please do not hesitate to contact us at the Division of Special Education.

Sincerely yours,

Signature of Superintendent
or Designated Representative

Enc.: (1) psychological report

(2) Additional description of program

(3) Physician's report to be filled out by attending physician. (suggested forms may follow format of physician's statement found at the bottom of State Board of Education Program Standard Form SE 10 (E) (F).

APPENDIX E

SAMPLE OF BEHAVIORAL AND ACADEMIC DIAGNOSTIC CHARTS

DAILY BEHAVIOR CHART

DATE:	NAMES																			
	Chas.		Rick		Dave		Ted		Jim		Ron									
WORK PERIODS —A.M.	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Disorganized, confused																				
Dawdling																				
Fidgety																				
Impatient for teacher's attention																				
Understands work																				
Works quietly																				
Cooperates with teacher																				
WORK PERIOD —P.M.																				
Disorganized, confused																				
Dawdling																				
Fidgety																				
Impatient for teacher's attention																				
Understands work																				
Works quietly																				
Cooperates with teacher																				
Does not complete work																				
Extra restroom time																				

FREE TIME AND RECESS										
Complaining										
Sharing										
Observe rules of Room & Playground										
Parallel play										
Group play: controlled										
out of control										
LUNCH										
Quarrelsome										
Playful, giggling										
Eating in group										
Eating alone: own choice										
teacher's decision										
REST PERIOD										
Fidgety, fiddling										
Talking, playing with others										
Settled, quiet										
Sleeping										

COMMENTS:

	Stephen	Eugene	Pat	Mike	Ed	Gary	John	Rosalie	Pamela
8:30 9:00									
9:00 11:00									
11:00 11:30									
Lunch 11:30 12:00									
12:00 12:30 Rest									
12:30 1:00									
1:00 2:30									

Name	Date	Weather

Behavior

Work Habits

1 2 3 (times attempted) directions

Area	level if changed	Specific Analysis	grade			Comments	no help	little help	much help	misreads	hurries
writing											
reading											
spelling											
arithmetic											
computation											
reasoning											
language											
oral											
written											
art											
Perception											
Visual											
Auditory											
Motor											

words missed

Comments

Correlation of behavior as well as the child's work is very helpful. Daily or periodic records are necessary to find any pattern the child might exhibit.